

AG08 Cerebral Vascular Accident (CVA or Stroke)

Objectives:

- To assess and appropriately treat patients with suspected Cerebral Vascular Accidents

General Information:

- Obtain CVA-specific history
 - a) Onset of stroke symptoms
 - b) List of signs/symptoms
 - c) Risk factors
 - d) Previous CVA
 - e) Medications
 - f) New onset dysrhythmias
- Transport patient, even if symptoms have resolved
- Transport a family member or other witness to verify time of onset of stroke symptoms
- Cincinnati Prehospital Stroke Scale:
 - a) Facial Droop (ask patient to smile or show their teeth)
 - i) Abnormal: one side of face moves differently
 - b) Arm drift (ask patient to close eyes and hold both arms straight out for 10 seconds)
 - i) Abnormal: one arm moves differently than the other
 - c) Abnormal speech (ask the patient to say "you can't teach an old dog new tricks")
 - i) Abnormal: speech is slurred or patient uses incorrect words
 - d) If any one of these 3 signs is abnormal, it is highly probable the patient is having a stroke
- If possible, transport to a medical facility with the ability to give thrombolytics. Make early contact with Medical Control



Warnings/Alerts:

- Do not delay transport to start IVs or perform other non-life-saving ALS interventions
- Patients with stroke symptoms are at high risk for airway compromise
 - a) Example: vomiting, gurgling, drooling, snoring, change in breathing pattern, change in head position
- The airway should be continuously monitored for patency
- Hypoxemia will worsen stroke outcomes

OMD Notes:

-

References:

AHA ACLS 2005 Provider Manual

Brady's Essentials of Paramedic Care, 2nd Edition, 2007 pg. 1257-1263

Performance Indicators:

Onset of Symptoms
EKG Monitor

Time of Onset
Documentation

Prehospital Stroke Scale

Blood Glucose Level

AG08--Cerebral Vascular Accident (CVA or Stroke)

